

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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30						
31		3				
32		3				
33		3				
34		3				
35				3		
36				3		
37				3		
38				2		
39				3		
40				3		
41				3		
42				2		
43				2		
44				2		
45						
46						
47						
48				3		
49				3		
50				3		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51				3		
52				2		
53				2		
54						
55						
56				3		
57				3		
58				3		
59	1					
60						
61						
62						
63						
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80						
81						
82						
83						
84	1					
85			1			
86				1		
87			1			
88				3		
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4		3			
TOTAL DEP.	48		52			
TOTAL CLAIMS	52		55			